



I _____ have reviewed the COVID-19 high risk
(Name)

conditions (see below) and understand there is risk of contracting COVID-19 through participating in sports, competition and/or any group activity offered by Special Olympics. I also understand that an individual with high risk conditions may be at a higher risk of experiencing an adverse outcome, up to and including severe disability or death, should they become infected with COVID-19. I understand this and am choosing to participate in sports, competition, and/or other Special Olympics activities at my own risk.

Who is at higher risk of COVID-19?

COVID-19 is a new disease and information is changing on who is more likely to get COVID-19 and who will have more complications. Based on currently available information and clinical expertise, people with intellectual and developmental disabilities may be at higher risk of a severe illness resulting in death from COVID-19.

Current clinical guidance and information from the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) lists those at high-risk for severe illness from COVID-19 as:

- People 65 years and older – risk increases with age
- People who live in a nursing home or licensed long-term care facilities

Regardless of age, individuals with underlying conditions, such as the following, are or may be at increased risk of severe illness from COVID-19:

- People with chronic lung disease, chronic obstructive pulmonary disease or moderate to severe asthma
- People who have serious heart conditions (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathy, hypertension)
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with obesity (body mass index, BMI, of 30 or higher). To calculate BMI, refer to:
 - https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html
- People with diabetes (Type 1 and Type 2)
- Chronic kidney or liver disease
- People with dementia

OVER – Signature Required

Please answer the following questions:

1. Have you been diagnosed with COVID-19?

___ YES - if yes, date of diagnosis _____

___ NO

If **YES**, and you are an **Athlete**, you will be required to get an updated Medical.

If **YES**, and you are any other type of **Participant**, you will be required to present letter from your doctor/treating physician that provides you with clearance to participate in a coaching/volunteer capacity.

PARTICIPANT SIGNATURE SECTION

Signature of Athlete, Coach, Unified Partner, Volunteer, etc. is required for participation.

NAME: _____

Check Appropriate Box:

Athlete Coach Chaperone Unified Partner Other

Local Program or Team Name: _____

Phone: _____ **Email:** _____

ADULT SIGNATURE (required for adult 18 years of age or older and who are his/her own guardian)

By signing this release, I acknowledge that I have completely read and fully understand the potential risk to my participation.

Signature: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE (required for minor individual under the age of 18 or adult athlete under care of a legal guardian)

I am a parent or guardian of the individual named above. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Relationship: _____